

Australia's New International Gender Equality Strategy 2023

CBM Australia, September 2023

Summary of recommendations

Transformational, feminist and intersectional

1. Underpin the International Gender Strategy with an intersectional approach informed by intersectional feminist analysis. This should strategically address the unique and complex layers of marginalisation for women with disabilities, as well as by people with disabilities of diverse sexual orientation, gender identity expression and sexual characteristics (SOGIESC).
2. Commit all gender equality investments to integrating disability analysis; mandatory disaggregated data; identification of barriers for women with disabilities, and measurable indicators for disability equity.
3. Commit to dedicated resourcing, in all gender investments, for reasonable accommodations and addressing identified barriers for women with disabilities to access programming.
4. Adopt a rights-based and strengths-based approach to development, including commitment to full implementation of human rights mechanisms such as the *UN Convention on the Rights of People with Disabilities* and the *Pacific Framework for the Rights of People with Disabilities*.

Scale up in programmatic areas to close gap for women with disabilities

5. Scale up violence prevention and response investments specifically addressing women and girls with disabilities, as well as commit to increase funding for the inclusion of women with disabilities in all programs to combat gender-based violence.
6. Scale up of investments in social protection, livelihoods and economic empowerment of women with disabilities.
7. Consult and partner with women with disabilities and their representative organisations as a priority in both climate change adaptation and disaster risk reduction.
8. Ensure all investments across Australia's development program include women and girls with disabilities at the design phase and throughout delivery and evaluation.

Participation, empowerment, and local leadership

9. Increase funding and direct partnerships with local organisations of persons with disabilities (OPDs) who are working directly with women's groups.
10. Invest in action to address wide-ranging systemic gaps and failures in legislation and policy that facilitate conditions that give rise to violence, abuse, oppression and exploitation of women and girls with disabilities.
11. Invest in a substantial annual leadership development program for emerging disability leaders from across the Indo-Pacific, that includes a specific stream for women with disabilities.

12. Continue to fund local, women-led programs with strong inclusion of women with disabilities that have a focus on elevating the rights of women and girls and combatting violence, exclusion, and discrimination from services, education, employment, political and community life.

Resourced, transparent and accountable

13. Expand funding for technical expertise in gender, disability and social inclusion across all areas of DFAT and Posts to support power-based intersectional analysis and implementation including a requirement that all DFAT staff upskill in intersectional power analysis.
14. Expand funding and technical expertise for gender, disability and social inclusion analysis of all country and regional response plans and new funding initiatives across Australia's international development cooperation program, including resourcing to implement the findings of this analysis.
15. Continue to support the nomination and election of women with disabilities to key roles on global committees, including the Committee on the Rights of Persons with Disabilities and the Committee on the Elimination of Discrimination against Women.
16. Implement identified positions for women with disabilities on government delegations to global fora relating to gender and disability, such as the Conference of States Parties to the Convention on the Rights of Persons with Disabilities, and the Commission on the Status of Women.
17. Introduce annual cross-cutting priority thematic reports, published publicly, that review the performance, quantity and quality of disability equity and gender equality across the aid program.

Introduction

CBM Australia is a Christian international development agency, committed to ending the cycle of poverty and disability. CBM welcomes the opportunity to provide input to the development of Australia's new International Gender Equality Strategy.

Globally, an estimated **19 per cent of women have a disability**, compared to 12 per cent of men.¹ In every country with available data, more women than men are recorded to be living with a disability.² Just as the issue of disability rights must consider the impact of gender, explorations of gender equality must consciously consider the prevalence and lived experience of disability.

This need is compounded by the experience of poverty: **22.1 per cent of women in lower income countries have a disability**, compared to 14.4 per cent in higher income countries.³ Women living in poverty are also more likely to acquire disabilities. Women are 1.8 times more likely to contract trachoma than men, and four times more likely to need eye surgery, due to unequal access to health services.⁴ And, every minute, more than 30 women are seriously injured or acquire a disability while labouring during childbirth.⁵

Women with disabilities experience **complex and unique layers of marginalisation** and face heightened barriers to achieving the targets set out in the Sustainable Development Goals framework. In order to truly 'end all forms of discrimination against all women and girls everywhere', particular attention must be given to the substantial global community of women and girls living at the intersection of gender and disability discrimination. This submission makes the case that Australia should adopt an **intersectional approach to gender equality** and provides recommendations responding to key questions outlined in the terms of reference.

¹ World Health Organisation and World Bank, 2011. *World Report on Disability*. p. 28

² Mitra, S., Posarac, A. and Vick, B. 2011. *Disability and Poverty in Developing Countries: A snapshot from the World Health Survey*. SP Discussion Paper No. 1109, World Bank. p. 34

³ World Health Organisation and World Bank, 2011. p. 28.

⁴ The Carter Centre, 2009. *Women and Trachoma: Achieving Gender Equity in the Implementation of SAFE*. Available from www.cartercenter.org/resources/pdfs/health/trachoma/women_trachoma.pdf.

⁵ World Bank, 2018. *Reproductive Health and Disability*. Accessed at <http://go.worldbank.org/FRRGTUUL20>.

Transformational, feminist and intersectional

Australia's approach to gender equality needs to be underpinned by an intersectional approach that acknowledges and strategically addresses the complex layers of marginalisation for women with disabilities.

In order to truly 'end all forms of discrimination against all women and girls everywhere',⁶ particular attention must be given to the substantial global community of women and girls living at the intersection of gender and disability discrimination.

Women with disabilities face the same spectrum of human rights abuses that woman without disabilities face, but social isolation and stigma magnifies these abuses and their consequences. In addition, they face multiple and additional layers of marginalisation due to disability discrimination.

This situation is acknowledged in the *United Nations Convention on the Rights of Persons with Disabilities (CRPD)*, ratified by Australia. The CRPD specifically dedicates Article six to women with disabilities, setting out the obligation of states to recognise that women and girls with disabilities are subject to multiple discriminations and to take measures to offset these, and to ensure the full development, advancement, and empowerment of women. Australia has a strong record and reputation of recognising the importance and commitment to the CRPD through the Development for All strategies and through the work of Rosemary Kayess, Chair of the UN Committee on the Rights of Persons with Disabilities.

This becomes more complex when looking at different types of impairments. For example, we know that women and girls with psychosocial disabilities are the most marginalised among women and can often not access mainstream programming.

We recommend that disability rights and equity be elevated in the gender equality strategy – using an intersectional approach. Make gender-sensitive disability inclusion, and disability-sensitive gender equality priorities in the aid program cycle from design to implementation to evaluation.

Too often, disability inclusion policies and legal frameworks do not have a gender equality lens, and gender equality policies and legal frameworks do not adequately address disability equity. For example, countries around the world are increasingly adopting national policies focused on the elimination of violence against women (such as Kiribati and the Solomon Islands). But they fail to recognise the disproportionate occurrence and specific nature of violence against women and girls with disabilities.

Living as the targets of discrimination based on multiple factors, women with disabilities are simultaneously 'essentially isolated and often required to fend for themselves in legal and advocacy settings'⁷. This discrimination can manifest as not only exclusion from everyday life, but exclusion from communities which should extend a welcoming hand, including both the disability rights movement, and the gender equality movement.

For women with disabilities living in poverty, this systemic exclusion plays out even more starkly and with greater impact on individual and community wellbeing. While the world has mobilised to develop strategies, programs and policies for the advancement of gender equality and disability equity in developing contexts, women with disabilities in developing countries continue to experience lower rates of access to education, employment and health services than either men with disabilities, or women without disabilities.

Throughout their life course, women with disabilities face discrimination based on their gender as well as on their disability, giving rise to complex forms of discrimination that cannot be fully understood or tackled if viewed purely through a lens of gender or disability. Women with disabilities themselves are also a diverse group and this must also be taken into account, including perspectives of age, ethnic, religious and racial backgrounds as well as different types of disabilities. Given the high prevalence of disability amongst women, gender equality will not be achieved without a strong commitment to inclusion and empowerment of women with disabilities and dedicated resourcing.

⁶ Crenshaw, K. 1989. 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics' in *University of Chicago Legal Forum*, vol. 1989, issue 1. p. 145.

⁷ Crenshaw, K. 1989. 'Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics' in *University of Chicago Legal Forum*, vol. 1989, issue 1. p. 145.

Recommendation 1. Underpin the International Gender Strategy with an intersectional approach informed by intersectional feminist analysis. This should strategically address the unique and complex layers of marginalisation for women with disabilities, as well as by people with disabilities of diverse sexual orientation, gender identity expression and sexual characteristics (SOGIESC).

Recommendation 2. Commit all gender equality investments to integrating disability analysis; mandatory disaggregated data; identification of barriers for women with disabilities, and measurable indicators for disability equity.

Recommendation 3. Commit to dedicated resourcing in all gender investments for reasonable accommodations and addressing identified barriers for women with disabilities to access programming.

Recommendation 4. Adopt a rights-based and strengths-based approach to development, including commitment to full implementation of human rights mechanisms such as the UN Convention on the Rights of People with Disabilities and the Pacific Framework for the Rights of People with Disabilities.

Scale up in programmatic areas to close gap for women with disabilities

Gender-based violence

For women with disabilities, the risk of violence is both heightened and unique. Globally, women with disabilities are two to three times more likely to experience physical or sexual violence than women without a disability and are less likely to disclose incidents of sexual violence and domestic abuse⁸.

They also experience acts of violence specific to their experience of disability. Women and girls with albinism face the risk of being raped by men who believe that sex with them offers a cure to HIV/AIDS.⁹ Women with disabilities - particularly cognitive or psychosocial disabilities, in institutions or using the services of support workers - are at heightened risk of abuse, and are less likely to access support or justice when violence is perpetrated by a caregiver or attendant.¹⁰ Women and girls with disabilities also experience forced practices such as involuntary sterilisations and hysterectomies at rates up to three times higher than other women.¹¹ In addition, violence has also been identified as a notable cause of disability.

In Vanuatu, one in six women has experienced physical or sexual violence by their partners in their lifetime. Of these, one in five acquired a permanent disability due to physical or sexual violence perpetrated by their partner.¹² In some conflict-affected contexts, the proportion of women with disabilities reporting experiencing physical or sexual intimate partner violence is even higher.

Countries around the world are increasingly adopting national policies focused on the elimination of violence against women. In the Pacific, where rates of violence against women are among the world's highest, states such as Kiribati and the Solomon Islands have introduced such policies. But they fail to recognise the disproportionate occurrence and specific nature of violence against women and girls with disabilities¹³. Similarly, the relevant indicators provided under SDG 5 make no mention of women and girls with disabilities.

Social protection, livelihoods and economic empowerment

Women with disabilities face many of the same economic inequalities as other women, but these are compounded by disability-related stigma and discrimination. The CRPD asserts the right to work for persons with disabilities (article 27) and the right to an adequate standard of living and social

⁸ UK Department for International Development, 2000. *Disability, Poverty and Development*. DFID, London. p. 3.

⁹ United Nations General Assembly, 2017. *Sexual and reproductive health and rights of girls and young women with disabilities: Report of the Special Rapporteur on the rights of persons with disabilities*. p. 8.

¹⁰ CBM International, 2013. CBM submission on women and girls with disabilities to the Committee on the Rights of Persons with Disabilities as requested by CRPD/C/8/3. p. 6.

¹¹ United Nations General Assembly, 2017. *Sexual and reproductive health and rights of girls and young women with disabilities: Report of the Special Rapporteur on the rights of persons with disabilities*. p. 8, 10, 11.

¹² Vanuatu Women's Centre and Vanuatu National Statistics Office, 2011. Vanuatu National Survey on Women's Lives and Family Relationships.

¹³ Spratt, J. M. 2013. *A Deeper Silence: The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga*. UNFPA, Suva. p. 13

protection (article 28). Studies show that women with disabilities are at greater risk of poverty than men with disabilities, linked to limited educational and skills development opportunities. Many can work, often with very minor accessibility adjustments or reasonable accommodations, or indeed none at all – yet women with disabilities have lower employment rates than both women without disabilities and men with disabilities, and they earn less than men with disabilities.

However, the issue of disability is intrinsically bound in the matter of household care duties and labour distribution, with women overwhelmingly taking on responsibilities for the care and support of children with disabilities. Research supported by CBM in Ghana indicated that in families which include a child with disability, households disproportionately become female-headed. This occurs due to either paternal abandonment resulting from the stigma surrounding disability, or from the deepening of poverty by the additional costs associated with disability, which drive fathers to seek work elsewhere¹⁴.

In countries with limited social protection or services available to families, this can see women caregivers become even more time-poor with significant constraints on their capacity to work or represent their and their families' interests in their communities. Whether a woman caring for a person with disability, or a woman with disability herself, women's disproportionate share of unpaid care work limits the ability to participate in and benefit from the development priorities outlined in not only Goal 5, but all the SDGs.

CBM Australia conducted a meta-evaluation¹⁵ of 26 recent projects we have supported in relation to gender equality, and found that livelihoods options need to be carefully considered and look realistically at the time individuals have available to engage with different livelihood options, particularly small business development. A caregiver's schedule can already be full with household and caring responsibilities, making some forms of livelihood development unrealistic. Many households experience marriage breakups when there is a child with a disability, meaning a single parent takes on the already additional caring responsibilities. This places even further limits on time available.

Social protection programmes such as pensions, unemployment benefits and disability support are critically important for persons with disabilities, as they have additional pressures on their incomes. Living with an impairment or mental health condition entails costs such as treatment and rehabilitation, personal assistance, assistive technologies such as wheelchairs or screen-reading technology, or specialised transport. Households that include a person with disabilities therefore do not have the same spending capacity as households with a similar income which do not include a person with disabilities. Likewise, poor households that include a person with disabilities are less likely to develop coping strategies to get out of poverty. For example, women with disabilities in Uganda reported being repeatedly faced with abandonment after conceiving children and therefore being left to care for them without material support. Many women with multiple or complex impairments often lack access to adequate social protection due to inadequate social protection schemes within their country and, further still, paid work may not be a realistic possibility due to barriers such as inaccessibility and discrimination.

Climate change and disaster risk reduction

People with disabilities are also disproportionately affected by climate change as this is exacerbating existing inequalities, including with regard to access to health care, and increased exposure to the social determinants of poverty, such as lack of access to education, adequate housing and employment¹⁶. The particular vulnerability of people with disabilities to the impacts of climate change has been acknowledged, including in the preamble to the 2015 Paris Agreement. However, too often, climate disaster preparation and response, and adaptation planning is not disability inclusive. More often, people with disabilities are being 'systematically ignored' by governments when it comes to climate responses.¹⁷

¹⁴ CBM Australia, 2019. Disability and Unpaid Care Work <https://www.cbm.org.au/wp-content/uploads/2019/03/Disability-Unpaid-Care-Work.pdf>

¹⁵ CBM Australia, 2022. Disability and Gender Equality: Considerations from CBM Australia's Meta-evaluation

¹⁶ P J S Stein and M A Stein, 2022. *Climate change and the right to health of people with disabilities* in The Lancet, vol.10, issue 1, p24-25. Available from [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00542-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00542-8/fulltext)

¹⁷ McGill Centre for Human Rights and Legal Pluralism et al, 2022. *Status Report on Disability Inclusion in National Climate Commitments and Policies*. Available from https://www.internationaldisabilityalliance.org/sites/default/files/drcc_status_report_english_0.pdf

Given that women and girls account for both more people with disability and more people living in poverty, they are undoubtedly disproportionately impacted by climate change. Despite this, there is a prevailing lack of data on the specific experiences and impact of climate change on people with disability, and particularly women and girls with disabilities

Natural hazards are a regular and increasing occurrence worldwide. We are working with communities in some of the most disaster-prone areas to empower people with disabilities and ensure no one is left behind when disaster strikes. Disasters disrupt the social fabric and expose women and girls to violence, including sexual abuse. Women with disabilities are much more likely to miss out on disaster-risk reduction information and training sessions, not receive information on what to do in emergencies and have less access to evacuation shelters. This directly impacts their vulnerability during a disaster and their capacity to be as safe as others in the community.

Recommendation 5: Scale up in investments specifically addressing the increased rates of violence that women and girls with disabilities experience, as well as commit to increase funding for the inclusion of women with disabilities in all programs to combat gender-based violence.

Recommendation 6: Scale up of investments in social protection, livelihoods and economic empowerment of women with disabilities.

Recommendation 7: Consult and partner with women with disabilities and their representative organisations as a priority in both climate change adaptation and disaster risk reduction.

Recommendation 8: Ensure all investments across Australia's development program include women and girls with disabilities at the design phase and throughout delivery and evaluation.

Participation, empowerment and local leadership

We need to go further than 'inclusion, participation and empowerment' of women and girls with disabilities. It is critical that these systemic issues are recognised and addressed by putting in place the preconditions for inclusion that address the systemic barriers that have persisted in excluding women with disabilities from places of strong engagement and power for so long.

The dismantling of systemic and politically ingrained social norms is critical as a pathway for progress. In all countries, almost all facets of life – from the actions of individuals to the structures of institutions – are governed by deeply ingrained social and customary norms. These norms can be informal but implicitly understood rules of a community, and are reinforced through patterns of social reward for those who uphold them, and marginalisation or punishment for those who defy them. These norms underpin relations and often drive power imbalances between groups of people, particularly those with differing experiences of gender, disability, race or ethnicity, caste, or poverty.

For change to occur, it must be recognised that social norms around disability and gender influence all aspects of individual and community life – even those movements seeking justice and equality for the most marginalised. Historically, issues of disability equity and gender equality have been approached as separate challenges. But development actors – from grassroots advocates to high-level policymakers – have begun to recognise the complexity of lived experience, and adopted intersectional approaches as a result.

Preconditions

Reforms to improve social inclusion and access to services for women with disabilities often fall short because of the lack of the essential building blocks or preconditions that are necessary to ensure disability equity. These preconditions are the foundational aspects that are indispensable in addressing the requirements and views of persons with disabilities and should be considered in public policy making and programming across all sectors.

Preconditions to disability inclusion are critical for people with disabilities to access services across all sectors, such as education, health, and justice. One of the very foundational preconditions for inclusion is official recognition of persons with disabilities as a protected group at national and sub-national levels, including recognition of each type of disability. There must be protections in place to prevent and address disability-based stigma and discrimination and to promote equality and non-discrimination. Preconditions also include service delivery, accessibility and participation of people with

disabilities as well as disability assessment and referral systems, early interventions and assistive technology. Accessibility standards need to be expressed in laws and policies and implemented in programs.¹⁸

Organisations of people with disabilities

Funding needs to be increased substantially, earmarked and indicators put into place. At a country level, Organisations of Persons with Disabilities (OPDs) and women's organisations have a role to play to advocate on the rights of women and girls with disabilities. However, neither is fully resourced to prioritise either women and girls in broad disability rights advocacy, or the rights of people with disabilities in women's rights advocacy. As of 2014, 0.3 per cent of the \$2.7 billion funding available for human rights globally was allocated to work specifically advancing the rights of women and girls with disabilities. Within funding for women's and girls' rights, 1.5 per cent of funding was awarded to disability rights causes, and within disability rights funding, only 9.5 per cent focused on women and girls.¹⁹

OPDs are making a difference - many have taken a leading role in ensuring the representation of women with disabilities in their ranks. This follows the emergence of increasing numbers of women-led organisations worldwide. However, capacity is limited and pathways for women to take positions of leadership need support to enable new generations of women with disabilities to step up.

This absence of women with disabilities from visible roles in their communities perpetuates their exclusion, and further entrenches harmful norms. While not measured as part of the 2030 Agenda reporting process, the disruption of social norms will, fundamentally, drive improvements against all targets and indicators under Goal 5. A focus on this root cause of marginalisation for women and girls, people with disabilities, and those at the intersection must underpin the new gender equality strategy.

Strong role models – particularly those from intersectional marginalised backgrounds, such as women with disabilities – are critical for building momentum and leading the way for others.

Though local in reach, peer support groups headed by strong female role models have been recognised as significant for empowering other women and girls with disabilities to overcome restrictive social norms. In their local communities, in disability rights and gender equality organisations, and on the global stage, women with disabilities must be upheld as role models and their substantial achievements celebrated.

In the Pacific region, many major OPDs have taken a leading role in ensuring the representation of women with disabilities in their ranks. This follows the emergence of increasing numbers of women-led organisations worldwide. While the domination of men with disabilities persists, practices such as the establishment of OPD taskforces or committees for women, or mandating gender balance in governance structures such as co-chair positions, are facilitating greater representation and inclusion.

While incremental change is occurring in the disability rights movement, many women with disabilities still face barriers to full engagement in women's rights movements. Women with disabilities describe needing to 'shake them to remind them that we are women with disabilities, we are here'²⁰, and ask for more than participation: 'We are women too, we have the skills, potential and we want to become more visible. Let's work together, let's unite, let's partner. We want to be given a seat at the table where decisions are being made. I want to see women with disabilities in leadership positions even in the mainstream women's movement globally, regionally and locally.'²¹

CBM's recent meta-evaluation of programming found that there is a need to ensure women are not just "in the room", but actively participating. In a number of projects, women were present but not speaking in meetings.²² Even being in a leadership position, such as the secretary of a self-help group, did not necessarily ensure genuine participation. It is important to first pay attention to how much

¹⁸ We have used a summary of preconditions as defined by UNPRD *The preconditions necessary to ensure disability inclusion across policies, services, and other interventions* <https://www.unprpd.org/node/481>

¹⁹ Disability Rights Fund, 2015. Supporting Inclusive Movements: Funding the Rights of Women with Disabilities. Available from http://disabilityrightsfund.org/wp-content/uploads/2015/11/Supporting_inclusive_movements_web.pdf.

²⁰ Ralphine, R. Quoted in CBM International, 2016. The 3P's for inclusion of women with disabilities: The Personal, The Political, The Policy. Available from https://www.cbm.org/article/downloads/54741/The_Personal_The_Political_The_Policy.pdf. p. 5.

²¹ Patrick, I. O. Quoted in CBM International, 2016. The 3P's for inclusion of women with disabilities: The Personal, The Political, The Policy. Available from https://www.cbm.org/article/downloads/54741/The_Personal__The_Political__The_Policy.pdf. p. 6.

²² CBM Australia, 2022. Disability and Gender Equality: Considerations from CBM Australia's Meta-evaluation

women are participating in group processes, and then identify and address the barriers that are preventing more genuine participation of women, appropriate to the context. Examples of strategies that work include encouraging specific, group-meeting processes that give everyone a clear opportunity to talk, and, in some contexts, women-only self-help groups have been formed.

Organisations dedicated solely to advancing the rights of women and girls with disabilities do exist and have been growing in recent years. OPDs, including the Pacific Disability Forum (PDF) within the Pacific region, have played a substantial role in partnering with governments and other development actors such as UN agencies to gather evidence, coordinate and promote action on disability rights, including the rights of women and girls with disabilities. Recently, PDF, along with Women Enabled International and the United Nations Population Fund and supported by Australian aid, released three groundbreaking resources documenting the lived experiences of women and young people with disabilities around social and reproductive health and rights, gender-based violence and access to essential services in Fiji, Samoa and Vanuatu.²³

In order to ensure the capacity of OPDs and women's groups to advocate effectively on the rights of women and girls with disabilities, and particularly to collaborate with governments and other development actors to insure equitable and inclusive aid investments, additional and targeted funding should be made available.

Recommendation 9: Increased funding and direct partnerships with local organisations of people with disabilities who are working directly with women's groups and have lived experience of disability.

Recommendation 10: Invest in action to address wide-ranging systemic gaps and failures in legislation that facilitate conditions that give rise to violence, abuse, neglect and exploitation of women and girls with disabilities.

Recommendation 11: 11. Invest in a substantial annual leadership-development program for emerging disability leaders from across the Indo-Pacific, which includes a specific stream for women with disabilities.

Recommendation 12. Continue to fund local women-led programs with strong inclusion of women with disabilities that have a focus on elevating the rights of women and girls and combatting sexual violence, exclusion, and discrimination.

Resourced, transparent and accountable

Intersectional technical knowledge is a critical capability that must be valued, resourced and rewarded across all areas of DFAT. Adequately resourcing this process will require greater investment in dedicated expertise in Canberra and at Post. Where a GESDI approach is taken for advisory positions, they must be sufficiently resourced to ensure adequate attention to all areas and a true intersectional and rights-based approach should be applied, rather than mere inclusion. Otherwise, there is a real risk that GESDI becomes a 'tick the box' exercise or that consultants are engaged for GESDI work who have experience primarily in gender equality but with little expertise on disability and other marginalised groups.

To achieve this DFAT should expand funding for technical expertise in gender, disability and social inclusion across all areas of DFAT and Posts to support power-based intersectional analysis and implementation, including a requirement that all DFAT staff to upskill in intersectional power analysis, going beyond simple inclusion to include an understanding of the way that systems of power perpetuate inequality and marginalisation. This should include comprehensive on-boarding training for all graduates and new recruits and regular training for all staff, adapted for delivery to partners and managing contractors. Advanced courses should be created to provide a trajectory for further technical expertise. Additional pre-posting training should be enforced for all development posts with a specific perspective of in-country program management.

There should be mandatory training for DFAT and delivery partners to embed disability actions, including, but not limited to, core principles of disability equity and rights, accessible complaints

²³ UNFPA Pacific; Women Enabled International; Pacific Disability Forum. 2022. *Women and Young People with Disabilities: A needs assessment of Sexual and Reproductive Health and Rights; Gender-based Violence; and Access to Essential Services*

mechanisms, engaging with OPDs, and engaging with people with diverse and/or marginalised disabilities.

Exclusion of women with disabilities at a global level is an omnipresent issue. In 2016, for example, at elections to appoint a new UN Committee on the Rights of Persons with Disabilities, no women were elected. This left one woman remaining, halfway through her term, on a committee of 17. Australia should build on its international leadership and high standards of accountability by playing an international advocacy role in delivering an intersectional and feminist approach and implementing identified positions for women with disabilities on government delegations to global fora.

Regular and transparent reporting on progress against commitments will be critical to drive accountability and improved performance over time. Cross-cutting priority thematic reports, published annually, that review the performance, quantity and quality of disability equity and gender equality across the aid program will provide transparency of Australia's measurement of progress towards targets as well as identify best practice initiatives.

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Recommendation 14: Invest in gender, disability and social inclusion analysis of all country and regional response plans and new funding initiatives across Australia's international development cooperation program, including resourcing to implement the findings of this analysis.

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Recommendation 17: Introduce annual cross-cutting priority thematic reports, published publicly, that reviews the performance, quantity and quality of disability equity and gender equality across the aid program.

About CBM Australia

CBM Australia is a Christian international development agency, committed to improving the quality of life of people with disabilities in the poorest places in the world. In 2021, CBM Australia worked across 42 countries in the Pacific, Asia and Africa. It worked with 27 OPDs and influenced 21 organisations to be more disability inclusive.

CBM Australia is proud to have a partnership with the DFAT as part of the Australian NGO Cooperation Program (ANCP) and is a member of the Australian Council for International Development. CBM's Inclusion Advisory Group has also been DFAT's technical partner on disability inclusion since 2010 under successive partnership agreements.